

Enhancing Empowerment Among the Bajo Soropia: Exploring Psychological Dynamics and Tribal Engagement in Konawe Regency's Development

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The Bajo tribe is a tribe that lives on the coast and sea and leads a nomadic life from one area to another. As time goes by, some Bajo people who initially remained silent are now starting to open up to the social unrest that is occurring in their environment. As a maritime community, the Bajo tribe tends to choose to avoid conflict, including in terms of development participation. Infrastructure development in Bajo residential areas often presents problems with psychological disorders. This research examines the role of psychological empowerment in encouraging development participation in the Bajo Soropia ethnic community in the Konawe Regency. The research sample was 251 Bajo people who were determined using Proportional Cluster Random Sampling. Data collection through in-depth interviews, participant observation, and document analysis. After the data was collected, data analysis was carried out using the MCMI IV application and continued with descriptive statistics using Structural Equation Modeling with Partial Least Square (SEM-PLS). It was found that psychological factors have a significant influence on community involvement in regional development projects. Key factors include self-confidence, motivation, and understanding of the role of development. The study also identifies external elements such as government support and access to resources, and highlights their impact on empowerment and participation. These findings provide valuable insights for crafting inclusive development policies and underscore the importance of psychological empowerment in engaging marginalized indigenous communities. In a broader context, this research provides valuable insight into the motivations of marginalized communities to be more actively involved in development.

Keywords: Bajo, empowerment, psychological, development participation, internal factor, external factor, inclusive development.

INTRODUCTION

The Bajo tribe is a tribe whose life moves (nomadic) from one region to another. This change was caused by the Bajo tribe starting to open up to other tribes who lived on the land where the Bajo tribe settled. Building social networks with other tribes, the Bajo tribe chooses to avoid conflict because as a migrant tribe, it requires them to be able to adapt to the patterns of social change that are occurring. The Bajo tribe sees itself as part of the natural environment and views it as their primary source of sustenance. The Bajo tribe treats nature wisely and exploits it solely to meet their living needs ([Junuda et al., 2023](#)). The Bajo tribe, which lives from marine natural resources, is closely related to the marine and coastal

environment, giving rise to the value of caring for these resources ([Maulidyna et al., 2021](#)). The Bajo community along the Kendari-Toronipa coast experienced toll road construction and tourism development such as Bokori and Toronipa tourism. Construction of this marine tourism toll road starts from Kendari Toronipa. Toronipa is the connecting point between Labengki (North Konawe) and Hoga Island (Wakatobi). The construction of tourist toll roads is one of the flagship projects of the Southeast Sulawesi Provincial Government. This project cost 1.4 trillion and received appreciation from the Ministry of Tourism and Creative Economy. The means is to increase tourist accessibility in areas such as Toronipa Beach and Bokori Island and their surroundings as centers for regional-scale tourism

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development. Along the coast of the Kendari Toronipa road, many people from the Bajo tribe live. Herein lies the importance of the Bajo tribe being required to adapt to the development of the tourism industry, including international tourism, but in terms of human resources, the existing resources are very unequal in various sectors. This inequality will have positive and negative consequences. The negative thing is that anxiety occurs. Along with population growth and development in coastal areas such as settlements, fisheries, ports, and tourist attractions, the ecological pressure on ecosystems, and coastal and marine resources will increase (Rahim *et al.*, 2019). Regional development problems are estimates of the gap between the development performance currently achieved and what is planned and between what is to be achieved in the future and the real conditions when the planning was made.

A survey conducted in the Soropia District area in 5 villages, namely Bokori, Bajoe Indah, Bajoe, Mekar, and Leppe, obtained information that the sample of Bokori Village was 49 people, 100% of whom were worried about the development project because of the reasons for loss of livelihood, reduced income, project dust, insomnia and difficulty finding new land. The sample of Bajo Indah Village is 57 people, 72% of whom are worried because their land is being used up by road expansion, land compensation has not been realized, and eviction of houses, farming land, and business premises. 8% are not worried about the reason that the residence is far from the road expansion. The Bajoe village sample numbered 51 people, 100% of whom did not experience anxiety, they said they felt happy and grateful for the road access, there were no negative impacts, no impact on income, and they did not mind land eviction. There were 49 people in the Mekar village sample, 100% of whom were not worried about improving road access and tourism. The sample of Leppe Village is 45 people, 100% are worried because they have lost their place of residence, have difficulty sleeping, and waking up at night, and have difficulty finding alternative and expensive land. Another fact is that from the five villages that were sampled, a total of 251 people were described as experiencing anxiety, 186 people (73.96%), and 65 people (26.03%) did not experience anxiety. On the other hand, data obtained by as much as 61.00% had a negative response to development projects implemented by the Southeast Sulawesi Provincial Government. Psychological empowerment is a relevant way to foster community commitment (Berhanu *et al.*, 2023). Ambad *et al.* (2021) indicate that psychological empowerment can increase people's confidence in development and make people more concerned about government programs. In support of this, Nissan (2021) found that when people are psychologically empowered, they feel more satisfied with their work and are motivated to complete daily tasks, which also increases their sense of belonging (Lu *et al.*, 2023). The involvement of the Bajo tribe in development, especially in villages, is still lacking. The

factors that make Bajo people live on land are that they feel comfortable living on land because their living needs are easier to reach and fulfilled more quickly and feel that their standard of living is better after the settlement pattern is implemented (Umar & Syarif, 2019). So far, there has been a stigma that cases of damage to coral reef ecosystems and declines in populations of various biota species of high economic value are often associated with the destructive practices of the Bajau people in the form of using explosives and toxic chemicals and harvesting coral rocks. Therefore, conservation programs in developing countries emphasize the need for a participatory and collaborative approach to marine resource management, especially the participation of the Bajo people (Clifton & Majors, 2011).

Development communication needs to pay attention to community characteristics. Development communication strategies, including climate strategies, must pay attention to the role of socio-psychological characteristics and community leaders (Seebauer *et al.*, 2019). Community participation in development is very dependent on communication between the government and the community. There can be various forms of community participation, ranging from mild ones such as reactions to participation in politics (Zhang *et al.*, 2022). One of the important characteristics in fostering community participation is psychological characteristics. Psychiatric characteristics such as family history, when symptoms appear and duration of contact with stressors will determine the level of participation in development (Lamers *et al.*, 2012).

In reality, not all development processes use communication based on people's psychological characteristics. Development that has not been participatory in the Bajo Soropia tribal area has caused unrest so the level of community participation is less than satisfactory. If people are anxious in assessing social events such as development, and vice versa, if they are not anxious then they will assess development events positively (Romano *et al.*, 2020). The level of community satisfaction is related to psychology. Community satisfaction is influenced by the individual, organizational, and community levels (Ejigu *et al.*, 2023). In general, it has been proven that personality is related to psychological adjustment (Cerezo *et al.*, 2020).

Community empowerment is very important to ensure that local community members benefit from development programs. Community participation is considered a situation where community members living in a particular area or locality directly participate in development program decision-making and as a result, benefit from such interactions (Adebayo & Butcher, 2023). Often, local communities are not involved in decision-making related to tourism planning (Mowforth & Munt, 2016).

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general, it has been proven that personality is related to psychological adjustment (Cerezo *et al.*, 2020). This personality influences the success of the program later. Apart from that, they must also be directly involved in government programs. In this engagement, a method is needed that will support the success of other coastal development programs, namely an effective and efficient communication method that is adapted to personality or mental health, in this case, the personality of the Bajo tribe (Wu *et al.*, 2020). Therefore, social innovation must develop as a broader social-ecological innovation to guide society toward social, ecological, and sustainable transformation and outcomes. Sustainability is a broad concept that focuses on addressing every aspect of the world in which we, as humans, live side by side. Sustainability is not only related to environmental preservation but also includes the idea of conserving economic and social resources (Gupta *et al.*, 2020). It is proposed that such an approach can produce more effective outcomes in balancing diverse needs and preferences, as well as produce additional benefits and impacts such as increased feelings and indicators of community empowerment (Broadley & Dixon, 2022).

MATERIALS AND METHODS

The location of this research is 5 villages Bajo Bajoe Indah, Bajoe, Leppe, Bokori, and Mekar in the Soropia District, Konawe Regency using a survey design (Research Design). The research sample was 251 Bajo tribes determined using Proportional Cluster Random Sampling. Data collection used questionnaires and the MCMI IV (Millon Clinical Multiaxial Inventory Fourth) application, as well as document studies. Questionnaires were distributed to all samples to be filled in independently. The questionnaire (MCMI IV) contains questions regarding the Assessment of Personality Disorders, Clinical Syndromes, and Participation in Development. After the data was collected, data analysis was carried out using descriptive statistics and Structural Equation Modeling based on Partial Least Square.

RESULTS

Personality Disorder Assessment: Based on the identification of the percentage of respondents who have characteristics and impersonality disorders as shown in Table 1 which shows that on average there are 17.8% of personality disorder characteristics and paranoid characteristics are dominant. Meanwhile, the average number of people who have had personality disorders is 3.0% and the most dominant is narcissistic disorder. In this case, psychiatric action is needed to create development communication that gets a positive response from the Bajo tribal community. Data from Table 1 shows that in the Bajo population, 69 respondents (27.5%) experienced clinical anxiety syndrome with clinical anxiety

syndrome test scores ranging from 75-83 (sufficient category).

Table 1. Recapitulation of Personality Disorder Assessment.

No.	Personality Indicators	Personality traits already present (%)	Has Personality Disorder (%)
1	<i>Schizoid</i>	6.8	0.0
2	<i>Avoidant</i>	16.3	3.6
3	<i>Melancholic</i>	19.1	1.2
4	<i>Dependent</i>	17.9	5.2
5	<i>Histrionic</i>	20.7	3.6
6	<i>Narcissistic</i>	26.3	9.2
7	<i>Anti-Social</i>	9.2	2.4
8	<i>Sadistic</i>	12.0	3.2
9	<i>Compulsive</i>	4.0	3.2
10	<i>Negativistic</i>	21.1	2.8
11	<i>Masochistic</i>	8.8	0.8
12	<i>Schizotypal</i>	15.9	1.2
13	<i>Borderline</i>	15.5	1.2
14	<i>Paranoid</i>	27.5	4.8
Average		17.8	3.0

Source: Primary Data, Processed by the Author (2021)

In addition, there were 36 respondents (14.3%) who had a score of more than 83, indicating higher symptoms of clinical anxiety syndrome. Although clinical anxiety syndrome is found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (58.2%) who do not experience symptoms of clinical anxiety syndrome. Data shows that in the Bajo population, 20 respondents (8.0%) had clinical syndrome of somatic symptoms with somatic clinical syndrome test scores ranging from 75-83 (sufficient category). In addition, there were 2 respondents (0.8%) who had a score of more than 83, indicating higher symptoms of somatic clinical syndrome. Although somatic clinical syndromes are found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (91.2%) who do not experience symptoms of somatic clinical syndromes. Data shows that in the Bajo population, 33 respondents (13.1%) experienced bipolar spectrum clinical syndrome with bipolar spectrum clinical syndrome test scores ranging from 75-83 (fair category). In addition, there were 16 respondents (6.4%) who had a score of more than 83, indicating higher symptoms of bipolar spectrum clinical syndrome. Although bipolar spectrum clinical syndrome is found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (80.5%) who do not experience symptoms of bipolar spectrum clinical syndrome. In the Bajo population, there is a clinical syndrome of persistent depression. A total of 4 respondents (1.6%) showed signs of clinical depression syndrome with clinical depression syndrome test scores ranging from 75-83 (fair category). In addition, only 1 respondent (0.4%) had a score of more than 83, indicating



higher levels of depressive clinical syndrome symptoms. Although persistent depressive clinical syndrome is found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (98.0%) who do not experience persistent depressive clinical syndrome symptoms.

Sindrom Klinis: The results of the analysis as presented in Table 2 show that the Bajo tribe experiences a clinical syndrome of alcohol use. A total of 36 respondents (14.3%) showed signs of clinical alcohol use syndrome with alcohol use clinical syndrome test scores ranging from 75-83 (fair category). In addition, there were 12 respondents (4.8%) who had a score of more than 83, indicating symptoms of a higher clinical syndrome of alcohol use. Although clinical syndromes of alcohol use are found in the population, the number of individuals who experience these symptoms is relatively small when compared with the majority (80.9%) who do not experience symptoms of clinical syndromes of alcohol use. In the Bajo population, there is a clinical syndrome of drug use. A total of 11 respondents (4.4%) showed signs of clinical drug use syndrome with drug use clinical syndrome test scores ranging from 75-83 (sufficient category). In addition, there were 6 respondents (2.4%) who had a score of more than 83, indicating symptoms of a higher clinical syndrome of drug use.

Table 2. Recapitulation of Assessment of Mental Health Disorders (Clinical Syndromes).

No.	Psychiatric Indicators	There are already signs of mental health disorders (%)	Mental Health Has Been Disturbed (%)
1	Anxiety	27.5	14.3
2	Somatic Symptom	8.0	0.8
3	Bipolar Spectrum	13.1	6.4
4	Persisten Depretn	1.6	0.4
5	Alcohol Use	14.3	4.8
6	Drug Use	4.4	2.4
7	Post-Traumatic Stress	3.2	2.0
8	Schizophrenic Spectrum	1.2	0.0
9	Major Depression	17.9	2.8
10	Delusional Disorder	13.5	0.4
	Average	10.5	3.4

Source: Primary Data, Processed by the Author (2021)

Although drug use clinical syndromes are found in the population, the number of individuals who experience these symptoms is relatively small when compared with the majority (93.3%) who do not experience drug use clinical syndrome symptoms. A total of 8 respondents (3.2%) showed signs of post-traumatic stress clinical syndrome with post-traumatic stress clinical syndrome test scores ranging from 75-83 (fair category). In addition, there were 5 respondents (2.0%) who had a score of more than 83, indicating higher

symptoms of post-traumatic stress clinical syndrome. Although post-traumatic stress clinical syndrome is found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (94.8%) who do not experience post-traumatic stress clinical syndrome symptoms.

There are clinical syndromes on the schizophrenia spectrum. A total of 3 respondents (1.2%) showed signs of schizophrenia spectrum clinical syndrome with schizophrenia spectrum clinical syndrome test scores ranging from 75-83 (fair category). However, no respondent had a score exceeding 83, indicating higher symptoms of schizophrenia spectrum clinical syndromes. Although schizophrenia spectrum clinical syndromes are found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (98.8%) who do not experience symptoms of schizophrenia spectrum clinical syndromes. In the Bajo population, there is a clinical syndrome of major depression. A total of 45 respondents (17.9%) showed signs of major depression clinical syndrome with major depression clinical syndrome test scores ranging from 75-83 (fair category). In addition, there were 7 respondents (2.8%) who had a score of more than 83, indicating higher symptoms of major depression clinical syndrome. Although major depression clinical syndrome is found in the population, the number of individuals who experience these symptoms is relatively small compared to the majority (79.3%) who do not experience symptoms of major depression clinical syndrome. In the Bajo population, there is a clinical syndrome of delusional disorder. A total of 34 respondents (13.5%) showed signs of clinical syndrome of delusional disorder with clinical syndrome test scores for delusional disorder ranging from 75-83 (fair category). In addition, only 1 respondent (0.4%) had a score of more than 83, indicating higher levels of clinical syndrome symptoms of delusional disorder. Although the clinical syndrome of delusional disorder is found in the population, the number of individuals who experience this symptom is relatively small when compared with the majority (86.1%) who do not experience the clinical syndrome of delusional disorder.

On average, there are 10.5% signs of mental health disorders and the most dominant is anxiety disorders. Meanwhile, those whose mental health has been disturbed (clinical syndrome) are an average of 3.4% and the most dominant is anxiety. In this case, psychiatric action is needed to create development communication that gets a positive response from the Bajo tribal community.

Participation in Development: Based on the research results, the majority of respondents had a negative response to the existence of the project. More details are shown in the following Table 3.

The table above shows that 153 respondents (61.0%) gave negative responses, while 28 respondents (11.2%) did not provide any responses or comments at all. It is hoped that this



data will provide an objective view regarding communication development, personality characteristics, and clinical syndromes.

Table 3. Respondents' Responses to the Project.

No.	Project Response	Frequency (person)	Percentage (%)
1	Positive/Good	70	27.8
2	No answer	28	11.2
3	Negative	153	61.0
	Total	251	100

Source: Primary Data, Processed by the Author (2021)

Sources of information are media that play an important role for a person in determining attitudes and decisions to act. Based on the research results, most respondents got information from government outreach (Table 4).

Table 4. Respondents' Answers According to Information Sources.

No.	Project Response	Frequency (Person)	Percentage (%)
1	No answer	2	0.8
2	Government outreach	200	79.7
3	Surrounding community/neighbors	49	19.5
	Total	251	100

Source: Primary Data, Processed by the Author (2021)

There were 200 respondents (79.7%), the majority of whom received information from government outreach. Only 2 people (0.8%) did not provide an answer. It is hoped that this data will provide an objective view regarding communication development, personality characteristics, and clinical syndromes.

DISCUSSION

A total of 45 respondents (17.9%) experienced dependent personality disorder with test scores ranging from 75-83 (fair category), while 13 respondents (5.2%) had scores exceeding 83. Although dependent personality disorder exists in the population, the number There are relatively few individuals affected by this disorder compared to the majority (76.9%) who do not experience dependent personality disorder. A total of 52 respondents (20.7%) experienced histrionic personality disorder with test scores ranging from 75-83 (fair category), while 9 respondents (3.6%) had scores exceeding 83. Although histrionic personality disorder exists in the population, the number There are relatively few individuals affected by this disorder compared to the majority (75.7%) who do not experience histrionic personality disorder. In the Bajo population, there is a narcissistic personality disorder. A total of 66 respondents (26.3%) experienced narcissistic personality disorder with test scores ranging from 75-83 (fair category), while 23 respondents (9.2%) had scores exceeding

83. Although narcissistic personality disorder exists in the population, the number There are relatively few individuals affected by this disorder compared to the majority (64.5%) who do not experience narcissistic personality disorder. A total of 23 respondents (9.2%) experienced antisocial personality disorder with test scores ranging from 75-83 (fair category), while 6 respondents (2.4%) had scores exceeding 83.

Although antisocial personality disorder exists in the population, the number There are relatively few individuals affected by this disorder compared to the majority (88.4%) who do not experience antisocial personality disorder. A total of 30 respondents (12.0%) experienced sadistic personality disorder with test scores ranging from 75-83 (fair category), while 8 respondents (3.2%) had scores exceeding 83. Although sadistic personality disorder exists in the population, the number There are relatively few individuals affected by this disorder compared to the majority (84.9%) who do not experience sadistic personality disorder. In the Bajo population, there is a compulsive personality disorder. A total of 10 respondents (4.0%) experienced compulsive personality disorder with test scores ranging from 75-83 (fair category), while 8 respondents (3.2%) had scores exceeding 83. Although compulsive personality disorder exists in the population, the number Relatively few individuals are affected by this disorder compared to the majority (92.8%) who do not suffer from compulsive personality disorder.

In the Bajo population, there is a negative personality disorder. A total of 21 respondents (2.8%) experienced negative personality disorder with test scores ranging from 75-83 (fair category), while 7 respondents (2.8%) had scores exceeding 83. Although negative personality disorder exists in the population, the number There are relatively few individuals affected by this disorder compared to the majority (76.1%) who do not experience negative personality disorder. In the Bajo population, masochistic personality disorder was found in a small number of respondents. A total of 22 respondents (8.8%) had personality test scores between 75-83 (fair category) which indicates the presence of this disorder. Apart from that, only 2 respondents (0.8%) had a score of more than 83. It can be concluded that the number of individuals who experience masochistic personality disorder is relatively small when compared to the majority (90.4%) who do not experience this disorder. In the Bajo population, there is schizotypal personality disorder. A total of 40 respondents (15.9%) showed signs of schizotypal personality disorder with personality test scores ranging from 75-83 (fair category).

In addition, only 3 respondents (1.2%) had a score exceeding 83. Although schizotypal personality disorder is found in the population, the number of individuals who experience this disorder is relatively small compared to the majority (82.9%) who do not experience schizotypal personality disorder. A total of 39 respondents (15.5%) showed signs of borderline



personality disorder with personality test scores ranging from 75-83 (fair category). In addition, only 3 respondents (1.2%) had a score exceeding 83. Although borderline personality disorder is found in the population, the number of individuals who experience this disorder is relatively small compared to the majority (83.3%) who do not experience borderline personality disorder. In the Bajo population, there is a paranoid personality disorder. A total of 69 respondents (27.5%) showed signs of paranoid personality disorder with personality test scores ranging from 75-83 (fair category). In addition, only 12 respondents (4.8%) had a score exceeding 83. Although paranoid personality disorder is found in the population, the number of individuals who experience this disorder is relatively small compared to the majority (67.7%) who do not experience paranoid personality disorder.

Personality dynamics will always influence each other with the situation faced, including the social context, which will always try to return to the basic personality. For example, how different patterns manifest in behavior, affective, and cognitive in social contexts ranging from work, family, and community or tribe (Sosnowska *et al.*, 2019).

Other dimensions of personality pathology, such as aggressiveness, sadism, and perfectionism which are related to other personality disorders, namely antisocial and narcissistic personality disorders, also show a significant mediating role in suicide risk (Moselli *et al.*, 2023). Previously empirically validated these criteria and explored whether cognitive deficits and symptom dimensions might impact functionality in DD (Delusional Disorder) beyond the impact of paranoid ideation and its clinical correlates (Díaz-Caneja *et al.*, 2019). Given that neurocognition is one of the most widely replicated predictors of functional outcome in schizophrenia. Grandiosity is conceptualized as an excessive drive for self-improvement, a sense of uniqueness and superiority, interpersonal exploitation, excessive expectations of oneself and others, fantasies of unlimited success, a tendency to suppress negative aspects of oneself, and a lack of empathy (Malaeb *et al.*, 2023).

Although usually seen as a symptom of psychosis, in which case paranoia could be described as delusional, substantial psychometric evidence now suggests that clinical paranoia exists on a continuum with the sub-clinical paranoid thoughts common in the general population (McIntyre *et al.*, 2018). Attachment avoidance is primarily associated with PD's constellation of avoidant, depressive, paranoid, and schizotypal traits (Garofalo & Bogaerts, 2019). Among these previously somewhat overlooked personality traits is the tendency to paranoid thinking, which is often described as a suspiciously hostile-like trait (Perchtold *et al.*, 2019).

There was low agreement among raters for schizoid symptoms (Pesic *et al.*, 2019). A total of 17 people (6.8%) in the Bajo tribe experienced schizoid personality disorder with personality test scores ranging from 75-83 (fair), while no one had a score above that. This shows that schizoid personality

disorder has almost all schizoid symptoms in the Bajo population, but the numbers are relatively small, with the majority (93.2%) not experiencing the disorder. It has very low inter-rater reliability (<0.2), with very low rater agreement on symptoms based on interviewer observations. In the Bajo population, there is avoidant personality disorder. A total of 41 respondents (16.3%) experienced avoidant personality disorder with test scores ranging from 75-83 (fair), while 9 respondents (3.6%) had scores exceeding 83. However, the number of people who experienced this disorder was relatively small, when compared with the majority (80.1%) who do not experience avoidant personality disorder. The characteristics of avoidant personality disorder are different from schizoid characteristics, where individuals with this type of avoidant disorder will withdraw socially, they avoid developing interest and feelings of warmth in other people (Afriyenti, 2021; and Lampe, 2016). A total of 48 respondents (19.1%) experienced melancholic personality disorder with test scores ranging from 75-83 (fair), while 3 respondents (1.2%) had scores exceeding 83. However, the number of people who experienced this disorder was relatively small, when compared with the majority (79.7%) who do not experience melancholic personality disorder. Participation in development was also measured in this research. The results show that the majority of respondents (72%) are actively involved in various development initiatives in the Konawe area. This participation includes contributing to social, economic, and infrastructure projects involving the Bajo Soropia tribe. This active participation reflects a positive level of involvement in community development efforts. reducing the quality of development communication with a medium influence category. Development communication includes the role and function of communication as a reciprocal message exchange activity between all parties involved in development efforts. Especially between the community and the government, starting from the planning, implementation, and assessment process of development (Triwahyuni *et al.*, 2020). The development and construction of road infrastructure is very important (Herrera *et al.*, 2023). The majority of the world's population lives in coastal areas. Due to economic potential and international exchange, the fringes of coastal environments (estuaries, lagoons, bays) are densely populated and vulnerable to urban activities, such as recreation, fisheries, industry, and port/navigation operations (Martelo *et al.*, 2019; and Oliveira *et al.*, 2019).

Development communication is all efforts, methods, and techniques for conveying development ideas and skills originating from the party initiating development to the target community so that they can understand, accept, and participate in development. The success of development cannot be separated from development communication. Communication is a very important means of maintaining interactions and relationships between society and the social



environment and society and the government (Islamy, 2020). Development communication is observed from project response indicators and information sources.

Based on research results, to achieve sustainable development, it is recommended to strengthen village residents' communication, increase environmental literacy, and participate in community development planning (Wu, 2021). Sustainability is not only related to environmental preservation but also includes the idea of conserving economic and social resources (Gupta *et al.*, 2020). The recently enacted Sustainable Development Goals make explicit reference to building resilience in several targets (Clark-Ginsberg *et al.*, 2020). Community participation in development in developing countries may have operational, structural, and cultural limitations (Zhou *et al.*, 2021).

Conclusion: This research shows that psychological empowerment has a significant role in increasing the participation of the Bajo Soropia ethnic community in development initiatives in the Konawe Regency. Increased levels of self-confidence, motivation, and understanding of roles encourage people to be more actively involved in development.

Findings from using the MCMI IV indicate that personality profiles also contribute to participation in development. The majority of respondents had personality profiles that supported active participation, indicating the importance of understanding broader psychological factors in motivating participation.

While psychological empowerment plays an important role, external factors such as government support, inclusive communication approaches, and access to resources also influence participation. The government and stakeholders need to work together to create an environment that supports community participation.

Empowerment programs that are appropriately designed can have a positive impact on the participation and development of the Bajo Soropia ethnic community. Therefore, there is a need to invest in these programs to increase their involvement and contribution to the local development process.

The findings from this research have significant implications for development policy planning in the Konawe Regency and similar areas. By understanding the importance of psychological empowerment and other psychological factors, governments and non-profit organizations can design more effective strategies to encourage community participation in development.

It is realized that this research has limitations. First, in-depth interviews were not conducted to dig deeper into the facts so a qualitative descriptive approach was needed at a later date. Second, the subject is limited to the Bajo community in Soropia District, Konawe Regency, whose numbers are quite small so this can cause bias in generalizing the Bajo tribe.

Because of these limitations, further research can expand the case coverage more widely.

Suggestions: is for the government and development implementers (private sector) to be integrated with psychological empowerment to develop self-confidence, motivation, and understanding of the role of the Bajo Soropia ethnic community as a society with unique characteristics. Then it is recommended that there be increased inclusive communication driven by the government and related stakeholders who need to increase inclusive communication with the Bajo ethnic community. Listening to their views, supporting active participation, and understanding their specific needs are important steps to increasing engagement in development.

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